

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-007886

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **273**

Primary Registration District No. **3051**

Registrar's No. **18**

FILED FEB 26 1963

VS 300
Rev. 4/59

6795

20795

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|--|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Perry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Perry | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perryville | | Length of stay in 1b Life | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 207 Chloe St. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. STREET ADDRESS 207 Chloe St. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Benjamin Middle Joseph Last Brewer | | 4. DATE OF DEATH Month Feb. Day 9 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Aug 6-93 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Carpenter | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11a. FATHER'S NAME Vincent Brewer | | 11b. MOTHER'S MAIDEN NAME Cecelia Nash | |
| 12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of) Yes WWI | | 13. SOCIAL SECURITY NO. DA 14. INFORMANT Stella Brewer Perryville, Mo. | |
| 15. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 1 yr. DUE TO (b) Bronchiogenic Carcinoma DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH 6 mo. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Perryville | |
| 20g. COUNTY Missouri | | 20h. STATE Mo | |
| 21. I attended the deceased from Sept 15 1962 to Feb 9 1963 and last saw him alive on 2-9-63 Death occurred at 11:15 PM on the date stated above, and to the best of my knowledge, from the causes stated. | | 22. SIGNATURE Cal Carson M.D. | |
| 22a. SIGNATURE (Degree or title) | | 22b. ADDRESS Perryville Mo | |
| 22c. DATE SIGNED 2-11-63 | | 22d. LOCATION (City, town, or county) (State) | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 2-13-63 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery | |
| 23d. FUNERAL DIRECTOR Young & Sons | | 23e. ADDRESS Perryville, Mo. | |
| 23f. DATE RECD. BY LOCAL REG. 2-13-63 | | 23g. REGISTRAR'S SIGNATURE Joe J. Zaellner | |

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

FEB 27 1963

FEB 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter Young
Licensed Embalmer No. 4027

P. O. Address Perryville, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.